

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/869458		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5	1						55				
6	1						56				
7	1						57				
8		1					58				
9		1					59				
10	1						60				
11	1						61				
12		2					62				
13		2					63				
14	1						64				
15	1						65				
16		1					66				
17		2					67				
18	1						68				
19		1					69				
20		2					70				
21	1						71				
22		1					72				
23		8					73				
24	1	8					74				
25	1						75				
26		1					76				
27	1						77				
28		1					78				
29	1						79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL	13	1					TOTAL				
IND.							IND.				